

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	CTH		04-28
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	7/9/01
FORMALITY REVIEW	H.T.	1117	8/16/01
RESPONSE FORMALITY REVIEW	R.B.	107E	10/26/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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